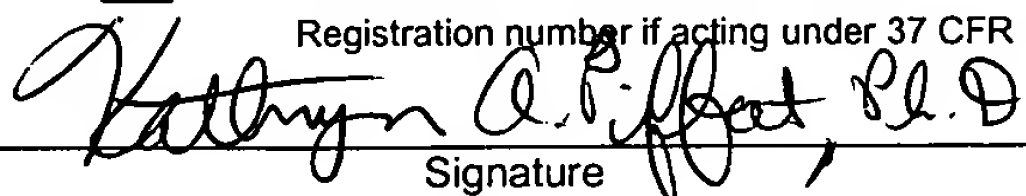


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 55672(45858)	
Application Number 09/725,897-Conf. #9257		Filed November 30, 2000	
For METHODS FOR THE STORAGE AND SYNTHESIS OF NUCLEIC ACIDS			
Art Unit 1634		Examiner B. L. Sisson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$
<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$ 1,590.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105 . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 34,901 .			
 Signature		July 13, 2005 Date	
Kathryn A. Piffat, Ph.D. Typed or printed name		(617) 439-4444 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 492 340 162 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 13, 2005

Signature: 

(Sharon Bizokas)